

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3306

State File No. _____

Registration District No. 508

Primary Registration District No. 2026 567 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Chillicothe Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
County Infirmary
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 26 yrs
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Elizabeth Utley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 4 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Linn Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant William J. Gordon

(b) Address Chillicothe Mo

17. (a) Buried (b) Date thereof Jan 22 '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elgin

18. (a) Signature of funeral director Gordon

(b) Address Chillicothe Mo

19. (a) 1-22-41 (b) Embrace M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 17 day
year 1941 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1
_____ 1941 to Jan 17 1941

that I last saw him alive on Jan 17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Interstitial Nephritis 5 year

Due to _____

Due to _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

943 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature P. Palmer (M. D. or other) 0

Address Chillicothe Mo Date signed Jan 19 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Ronald L. Gordon

Licensed Embalmer No. *4191*

P. O. Address *Chillicothe, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.